

FILED MAR 14 1946

Registration District No. **759**

Primary Registration District No. **6000**

Registrar's No. **6**

1. PLACE OF DEATH

(a) County **St. Charles, Callaway**
(b) City or town **Newport**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **46 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ernst Winning Sr 550**

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Matilda** (c) Age of husband or wife if alive **80 years**

7. Birth date of deceased **Oct 10 1854**
(Month) (Day) (Year)

8. AGE: Years **85** Months **4** Days **15** If less than one day hr. min.

9. Birthplace **Pitts Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **August Winning**

18. Birthplace **St. Louis Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Augusta Peltz**

15. Birthplace **St. Louis Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernst Winning**

(b) Address **Foristell Mo**

17. (a) **Foristell** (b) Date thereof **2-28-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Foristell**

18. (a) Signature of funeral director **W. H. H. H. H.**
(b) Address **Foristell Mo**

19. (a) **2-26-40** (b) **OA Math 180**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**
(c) City or town **Foristell P.O. Foristell Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **25th** year **1940** hour **8** minute **P.M.**

21. I hereby certify that I attended the deceased from **1930** to **Feb 25th 1940**, that I last saw him alive on **Feb 25th 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**

Due to **1/21**

Due to

Other conditions **Myocarditis, Rheumatism**
(Include pregnancy within months of death)

Anemia, Semidity, Emaciation, Obesity PHYSICIAN

Major findings: Of operations **No operation**

Of autopsy **No autopsy**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No accident**

(b) Date of occurrence

(c) Where did injury occur? **No injury** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Benjamin Brandt** (M. D. or other) Address **Foristell** Date signed **Feb 26 1940**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.,
working under my personal supervision.

Signed.....

PE Pitman

Licensed Embalmer No.

2711

P. O. Address

Wrightville, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.